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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089576		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	/						51				
2		/					52				
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47							97				
48							98				
49							99				
50							100				
TOTAL D.	4						TOTAL IND.				
TOTAL P.	19						TOTAL DEP.				
TOTAL CLAIMS	23						TOTAL CLAIMS				

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